



June 10, 2015

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

**RE: WC Docket No. 14-58
2015 ETC Annual Report of Chariton Valley Telecom
Study Area Code 429031**

Dear Ms. Dortch:

Pursuant to sections 54.313 and 54.422 of the Commission's rules, please find **FCC Form 481** ETC annual reporting information for Chariton Valley Telecom Corporation.

If you have questions regarding this filing, please contact me.

Sincerely,

CHARITON VALLEY TELECOM CORPORATION

James A. Simon
General Manager

CC: USAC
MOPSC

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Tina Jordan
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	tjordan@charitonvalley.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	429031MOS10Service Quality.pdf (attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	429031MO610ERSituations.pdf (attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> (if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com
<810>	Reporting Carrier	Chariton Valley Telecom Corporation
<811>	Holding Company	Not Applicable
<812>	Operating Company	Chariton Valley Telecom Corporation

[illegible]

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
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429031M01210Lifeline.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.cvalley.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**Certification - Reporting Carrier
Data Collection Form**

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Chariton Valley Telecom Corporation	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/10/2015
Printed name of Authorized Officer: Tina Jordan	
Title or position of Authorized Officer: Director of Finance	
Telephone number of Authorized Officer: 6603959682 ext.	
Study Area Code of Reporting Carrier: 429031	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification of Officer as to Compliance with Applicable Service Quality Standards and
Consumer Protection Rules**

(010) Study Area Code	429031
(015) Study Area Name	Chariton Valley Telecom Corporation
(020) Program Year	2016
(030) Contact Name	Tina Jordan
(035) Contact Telephone No	660-395-9682
(039) Contact Email Address	tjordan@charitonvalley.com

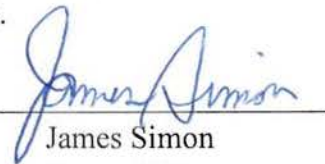
CERTIFICATION

Chariton Valley Telecom Corporation (Chariton Valley) operates as a CLEC in the state of Missouri. The Missouri PSC Service Quality Rules do not apply to a CLEC. However, Chariton Valley continues to operate under the same standards as set by the Missouri PSC in 4 CSR 240-32.070 Quality of Service. Chariton Valley also complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services including voice and broadband. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with the rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer

Printed Name of Authorized Officer

Title or position of Authorized Officer


James Simon

General Manager

Date

6/8/2015

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

Certification of Officer as to Compliance with Functionality in Emergency Situations

(010) Study Area Code 429031
(015) Study Area Name Chariton Valley Telecom Corporation
(020) Program Year 2016
(030) Contact Name Tina Jordan
(035) Contact Telephone No 660-395-9682
(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telecom Corporation (Chariton Valley) operates in the state of Missouri and adheres to the Provisions in 4 CSR 240 Chapter 34 Emergency Telephone Service Standards. Chariton Valley Telecom Corporation (Chariton Valley) has a reasonable amount of back-up power to ensure functionality without an external power source and is able to reroute traffic around damaged facilities. Chariton Valley is also capable of managing traffic spikes caused from emergency situations. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring functionality in emergency situations; and, to the best of my knowledge, the carrier is in compliance with the ability to function in emergency situations pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer

Printed Name of Authorized Officer

Title or position of Authorized Officer


James Simon

General Manager

Date

6/8/2015

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

Chariton Valley Telecom

Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>			

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date



Wireless Lifeline Plan

Lifeline Plan \$20*/Month

- Standard phone usage with ability for customers to make and receive calls within the **Chariton Valley service area**.
- Unlimited airtime (inbound and outbound calling) in the **Chariton Valley service area**.
- Toll is restricted to within the **Chariton Valley service area**.
- Roaming is not allowed.
- \$9.25 Low Income Benefit applied to monthly invoice.
- Activation fee \$30.
- 911 Calling is available in all areas where technology compatible service is available.
- Taxes and fees apply.

Wireline Lifeline Plan

Lifeline Plan

Telephone Local Service \$14.00*/Month
Telecom Local Service \$18.75*/Month

- \$15.75 Low Income Benefit applied to monthly invoice.
- Local Service Charges apply.
- 911 calling
- Toll Restricted
- Long Distance available for an additional fee.
- Service order and connection fees apply.

*This rate is prior to the Lifeline program credit. Rates shown are residential only.

Customer Service Centers

Brookfield

201 N. Main

Macon

1206 N. Missouri

Moberly

1320 Hwy. 24 E.

Salisbury

302 N. Weber

Bucklin

606 Oak Street

Agent Location

Shelbina

Tim's Home Center
201 Fairgrounds Rd

Lifeline

Low Income Telephone Benefit Program



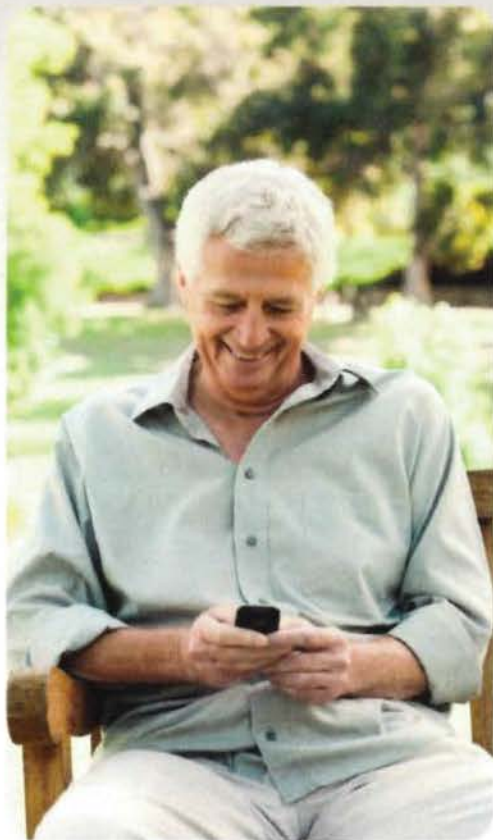
660-395-9000 • 800-769-8731
www.cvalley.net

10.6.14





Chariton Valley
is your "Lifeline" to reliable phone
service at a discounted price!



What is Lifeline?

Lifeline assistance provides discounted monthly basic service. Lifeline is available on one telephone service per household, whether wireline or wireless.

Who is eligible for Lifeline assistance?

You are eligible if you participate in any of the following programs:

- MO Healthet (Medicaid)
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- National School "Free Lunch" Program
- 135% of Federal Poverty Level

If you don't qualify for Lifeline Wireline only customers may be eligible for a \$3.50 monthly benefit under the Disabled Program:

- Veteran Administration Disability Benefits Program
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance Payments Administered by the Family Support Division Federal
- Federal Supplemental Security Income

You may not combine Lifeline and Disabled benefits.

Are there any restrictions?

Lifeline benefits are limited to one discount per household, either wireless or wireline, but not both. You must provide proof of eligibility before the service can be activated.

How do I apply for Lifeline benefits?

Applications are available at any of our customer service locations, as well as at our website www.cvalley.net under the telephone section.

When does the discount end?

When you no longer receive benefits from any of the programs that made you eligible for the Lifeline Program.

What do I do when my current situation changes?

Notify your local customer service office or call 660-395-9000 immediately and inform them of the changes to determine if you are still eligible.

Do I need to apply each year?

Yes, annual recertification is required to continue benefits. You will be notified when and how to recertify.



*Being a lifeline customer does not protect you from being disconnected if you fail to pay your telephone bill. Normal collection practices apply.

